# *2012 International Military HIV/AIDS (IMilHAC) Conference: Re-energizing HIV Campaigns Final Report*


***Brittney Shook***

***Anne Thomas***



***Naval Health Research Center***

***Document No. 12-48***




***This research was conducted in compliance with all applicable federal regulations governing the protection of human subjects in research.***


***Naval Health Research Center***
***140 Sylvester Road***
***San Diego, California 92106-3521***

NAVAL HEALTH RESEARCH CENTER

# 2012 IMilHAC Final Report

**Brittney Shook, Dr. Anne Thomas**

**9/10/2012**

This work was supported by the United States Department of Defense HIV/AIDS Prevention Program under 60150. The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the US Government. Approved for public release; distribution is unlimited. This research has been conducted in compliance with all applicable federal regulations governing the protection of human subjects in research.

In May 2012, the Forças Armadas de Defesa de Moçambique (FADM) and the US Department of Defense HIV/AIDS Prevention Program (DHAPP) co-hosted the 2012 International Military HIV/AIDS Conference: *Re-Energizing HIV Campaigns* (IMilHAC), in Maputo, Mozambique. The conference was attended by 417 participants and represented one of the most inclusive international military gatherings of the year with representatives from 75 militaries, 21 nongovernmental organizations (NGOs), the Office of the US Global AIDS Coordinator (OGAC), the President's Emergency Plan for AIDS Relief (PEPFAR), the US Department of Defense (DoD) Africa, Central, European, and Southern commands, the US Embassy Mozambique, Naval Medical Center San Diego, US Department of State, US Office of the Secretary of Defense, US Army Walter Reed Army Institute of Research (WRAIR), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund, US Centers for Disease Control and Prevention (CDC), Global Task Force on HIV Among Uniformed Services, United Nations Department of Peacekeeping Operations, and US Agency for International Development (USAID).

The conference objectives were to (1) highlight the role of leadership in successful military HIV/AIDS programs; (2) emphasize the best military health system practices in HIV prevention, care, treatment, and strategic information (SI); (3) facilitate military-to-military technical assistance, networking, and partnerships; and (4) consolidate advances in military medical HIV programs to support an agile, effective, and sustainable response to the epidemic. In order to accomplish these objectives, the 4-day conference offered both plenary and concurrent sessions in two tracks: prevention and care/treatment.

Opening day of the conference commenced with welcoming remarks from Ms. Leslie V. Rowe, US Ambassador to Mozambique; Ambassador Eric Goosby, US Global AIDS

Coordinator; Major General Barbara J. Faulkenberry, J-4 Director of Logistics with US Africa Command (AFRICOM); Dr. Richard Shaffer, Executive Director of the US Department of Defense HIV/AIDS Prevention Program; Dr. Nazira Abdula, Deputy Health Minister of the Republic of Mozambique; and Mr. Agostinho Mondlane, Vice Minister of National Defense of the Republic of Mozambique. The keynote address was provided by the Prime Minister of Mozambique, Mr. Aires Bonifacio Baptista Ali. In his keynote address, Prime Minister Ali emphasized the importance of strong HIV/AIDS interventions in militaries. Throughout his remarks, Prime Minister Ali expressed his profound gratitude to the government and people of the United States for their assistance in the global fight against HIV/AIDS.

The morning session continued with a global overview of PEPFAR's commitment to Working Toward an AIDS-Free Generation from Ambassador Eric Goosby. Ambassador Goosby acknowledged the importance of learning from other countries' military HIV prevention campaigns. Further, he emphasized that the solution to lowering the disease's prevalence lies at the crossroads of defense, development, and diplomacy. Dr. Caroline Ryan, of the OGAC, then presented a summary of the current international state of the HIV/AIDS epidemic, prepared by Dr. Deborah Birx, Director of the CDC Center for Global Health Division of Global HIV/AIDS.

During lunch, the US DoD hosted a forum for flag-ranked generals and expert presenters to discuss the role of leadership in building sustainable HIV initiatives. In addition, the US Embassy Mozambique Public Affairs Office invited 10 journalists and experts from DHAPP and WRAIR to a briefing and discussion on military HIV/AIDS programs and research, the US Government's support to foreign militaries, special HIV initiatives, and key HIV programming areas. This event supported capacity development for invited Mozambican journalists' reporting

techniques, as well as providing them with a more comprehensive understanding of how important militaries are as role models for HIV/AIDS prevention, care, and treatment programs.

Later in the afternoon, presenters from the Mozambique Ministry of Health and National AIDS Council provided participants with an analysis of the epidemiological profile of HIV/AIDS in Mozambique and the country's response to the epidemic. The last session of the day was an update of current global military HIV campaigns and a discussion on the implications of different countries' HIV policies, presented by Dr. Richard Shaffer and Captain Braden Hale of DHAPP.

The evening of the first day concluded with a poster session that displayed the work of military HIV programs. The poster session was extremely well attended and provided participants with an opportunity to network. The displays were organized by region to promote regional understanding and cooperation between countries. The presenters had the opportunity to share with their colleagues programmatic data and materials used in their HIV programs.

The second day of IMilHAC began with a plenary session, *HIV Prevention: The Way Forward*, on the increasing importance of implementing HIV prevention programming in conjunction with HIV care and treatment methods in order to amplify the successes of military HIV programming. Presenters for the day were from US Government agencies (OGAC, US DoD Deployment Health Research Program, USAID), University of California San Diego (UCSD), and military HIV programs (Angola, Rwanda, Serbia, Benin, South Africa, Uganda, Democratic Republic of the Congo, Senegal, and Mozambique). The four afternoon sessions included presentations by prevention experts and country military representatives. Each session ended with a panel discussion that included audience questions and input.

After the opening plenary talk on Tuesday, delegates were able to attend one of two concurrent sessions: (1) *Reducing HIV Risk*, or (2) *Optimizing HIV Management*. The *Reducing HIV Risk* session explored combination prevention strategies, male condom use, and implementing the behavior change communication strategy in military programs. The *Optimizing HIV Management* session presented a comprehensive approach to the initial assessment, ongoing management, and best utilization of health care resources, including task shifting in antiretroviral therapy (ART) delivery, for adults and children infected with HIV.

The afternoon began with another set of breakout sessions: *Treatment Challenges* and *HIV and Gender*. The first session, *Treatment Challenges*, described the most common challenges that may arise during ART including difficulties with adherence, failure of the medication regimen, and the need to start a second-line regimen. Approaches to recognizing and addressing these treatment challenges in the clinic setting were also discussed. Comments from the daily evaluations relayed that the treatment challenges described were well-explained and applicable to the military-based audience. Topics discussed in the second prevention breakout session, *HIV and Gender*, included gender programming and addressing gender-based violence. Comments from the daily evaluations revealed that many participants agreed that the issues arising from the gender session were the most under discussed in the military and urged that this topic be included in future conferences.

The US DoD also held a separate session for all Office of Security Cooperation, Office of Defense Cooperation, and US Defense Attaché (DATT) personnel, which included presentations from Major General Barbara Faulkenberry, AFRICOM, and Dr. Warren Lockette, Office of the Secretary of Defense (Health Affairs), on building sustainable HIV programs with foreign

militaries. It was an interactive session that allowed participants to engage in discussion concerning how they can better support in-country HIV/AIDS programming.

The second day concluded with a plenary talk, *New Developments in the Management of Tuberculosis (TB)*, which presented new therapeutics for TB therapy, novel diagnostics, and World Health Organization strategies for roll-out. The session was praised for its rich, well researched, informative documentation accompanied by excellent speakers who showed the interplay of HIV and tuberculosis. In the evaluation for the day, several participants commented that every session had well-presented lectures from expert speakers. Delegates shared an appreciation for the new, innovative information provided to them.

The third day of IMilHAC featured presenters from US agencies (WRAIR, DHAPP, CDC, USAID), UCSD, NGOs (PointCare Technologies, RTI International), and military HIV programs (Namibia, Belize, Swaziland, South Sudan, Zambia, Botswana, Lesotho, Mozambique, Swaziland, and Uganda). The opening plenary talk, *Novel Strategies in Diagnostics and Testing and Counseling*, explored fresh diagnostic and testing strategies for TB and HIV. Attendees remarked in the daily evaluations that the information presented was extremely innovative and applicable to their programs.

Delegates again could choose to attend one of two morning breakouts: *Diagnosis and Management of Opportunistic Infections (OIs)*, or *HIV Testing and Counseling*. The first breakout session discussed the diagnosis and management of OIs with an emphasis on cyrptococcosis. The second concurrent session, *HIV Testing and Counseling*, described the importance of increasing HIV testing and counseling as the critical gateway for all other HIV services and successful military programs, and highlighted examples of mobile outreach approaches and posttest reduction counseling practices.

Following lunch, two afternoon breakout sessions were held: *Other Prevention*, and *Clinical Care and Women's Health*. The *Other Prevention* session examined best practices in prevention with people living with HIV/AIDS, and alcohol as a risk factor for HIV. Commentary from daily evaluations revealed delegates' interest in the in-country policy applications presented, and agreement that further discussion is necessary regarding fully integrating these topics into HIV prevention programming. The *Clinical Care and Women's Health* session presented delegates with an evaluation of an operation platform for point-of-care CD4 testing in the military, as well as an overview of implementing the Saving Mothers, Giving Life initiative. It was observed that the information was cutting-edge and context specific and presented ideal strategies that were applicable to military HIV programs. The *Clinical Care and Women's Health* session was the highest rated session of the conference.

Programming for the third day ended with a plenary on *Voluntary Medical Male Circumcision (VMMC)*, which highlighted the international targets, benefits, innovations and military experiences in scaling-up VMMC. According to daily evaluations, attendees enjoyed the interactive forum provided and practical information shared based on expert and in-country experiences, as well as learning about the new devices available in the field.

The day's activities concluded with an official dinner providing opportunities for networking among the conference attendees. The FADM opened the evening with cultural demonstrations of their HIV prevention activities. The FADM performed skits, played music, and danced to encourage condom use and deprecate gender-based violence.

The final day of IMilHAC started with remarks from Ms. Christine Elder, the US Deputy Chief of Mission to Mozambique; Ambassador J. Anthony Holmes, Deputy Commander for Civil-Military Activities, AFRICOM; Dr. Richard Shaffer, DHAPP; and Dr. Agueda Duarte,

National Director of Military Health, Mozambique. The closing keynote address was given by Mr. Agostinho Mondlane, Vice Minister of National Defense of the Republic of Mozambique. The session endorsed the value of cooperation among international militaries in the fight against HIV/AIDS. At the end of the closing session certificates of attendance and digital copies of the session talks were presented to attendees.

After the ceremony, delegates had the choice of three workshops to attend. The *Clinical Care* workshop discussed the key elements of the clinical encounter necessary to provide quality HIV care. The *Electronic Data Tools for Monitoring and Education* workshop taught the basics of electronic tools for monitoring and evaluation and education, explained the necessary steps to undertake the transition from paper to electronic data systems, and reviewed examples of working military electronic health information systems that integrate ART, pharmacy, male circumcision (MC), and peer education. The *Prevention with People Living with HIV/AIDS* training explored both the behavioral and biomedical components in the minimum package of Prevention with Positives (PwP) services and shared the tools and resources available to make PwP a reality in any country. All workshops aimed to provide participants with a more in-depth training and interactive experience.

During lunch, Dr. Brigitte Quenum from the UNAIDS Political and Public Affairs Branch gave a presentation entitled "Implementation of the Security Council Resolution 1983 (2011)." The Resolution recognizes that uniformed personnel are agents of change for the HIV response and prevention of sexual and gender based violence. Additionally, the Resolution recognizes the heightened vulnerability of HIV in post conflict situations and the importance of addressing HIV in Demobilization, Disarmament and Reintegration (DDR) processes as well as Security Sector Reform. The presentation pointed out that UNAIDS and UN DPKO are working

together for accelerated implementation of SCR 1983 and that country interventions and field analyses are underway in several countries.

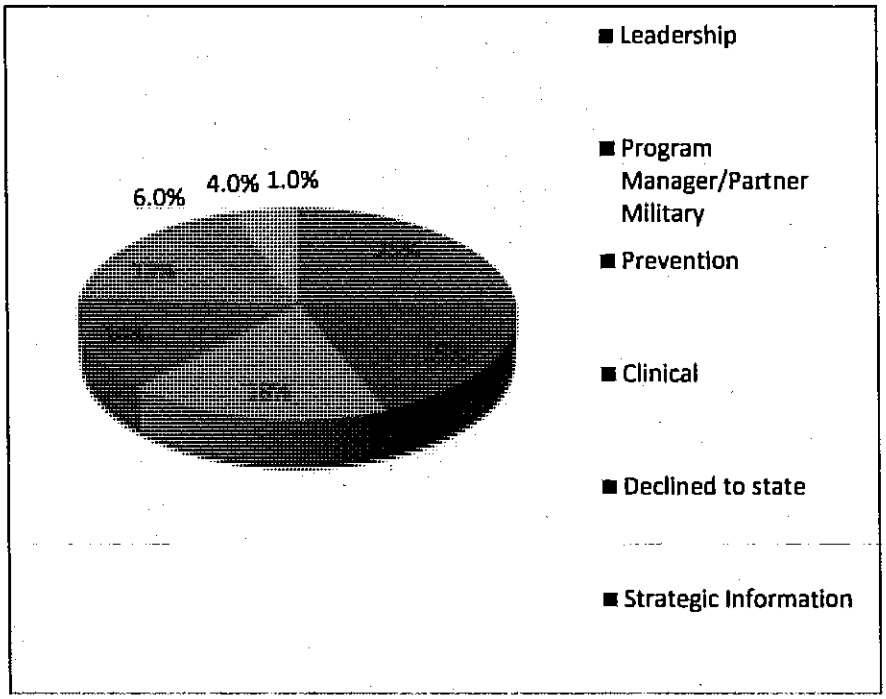
The conference ended with afternoon site visits to the Maputo Military Hospital where tours of the VMMC clinic, the infection control facility, and HIV/AIDS care and treatment program facilities, and supporting services were given. At the end of the tours, participants were brought together for a lively discussion concerning the successes of the newly renovated facilities and upcoming projects to improve the quality of care given at the hospital. Peer educators from the hospital performed a dance celebrating HIV prevention.

The 2012 IMilHAC hosted twice the number of attendees as the 2010 conference. The 2012 conference objectives were designed to highlight current issues and address participants' recommendations from the IMilHAC held in Tanzania in 2010. Results from the 2010 conference evaluations showed delegates' interest in having increased networking opportunities, increased military leadership endorsement and support, and better channels to share information and research. A large concern in 2010 was the lack of language interpretation; therefore, the 2012 conference provided interpretation in French, Portuguese, Russian, and Spanish in all plenary and breakout sessions. In order to facilitate these interests, this year's track co-chairs organized sessions in a manner that enabled people to gather new information and learn from other countries' best practices. Participants were provided with space at the conference center that they could use as private places to meet and discuss programming, information, and research, thus encouraging opportunities for military-to-military sharing and cooperation. Results from the evaluation of the 2012 IMilHAC indicate that the conference was a huge success and equipped attendees with the tools to re-energize and encourage greater sustainability for their military HIV programs.

**Conference Participants**

A total of 417 people from more than 75 countries and organizations registered for the 2012 IMilHAC. They had diverse programmatic roles, with 25% (n = 106) in leadership, 19% (n = 78) in program management and partner military, 18% (n = 77) in prevention, 14% (n = 59) in clinical, 6% (n = 25) in SI, 4% (n = 15) in the US Security Advisory Office, OSC, or the DATT, 1% (n = 2) in POL-ECON, and 13% (n = 55) did not report a role. All registrants were asked to confirm their primary program roles on-site. Those who did not complete the registration process online prior to attending the conference did not have a confirmed track selection. On-site registrants and those with incomplete registrations are not included in these track statistics (Figure 1).

Figure 1. 2012 IMilHAC Conference Participants by Programmatic Roles



Additionally, the first-day evaluations included a participant programmatic role section that allowed participants to choose more than one program area. The available choices were: HIV testing and counseling, treatment, care, prevention programming, management, SI, prevention of mother-to-child transmission, orphans and vulnerable children, and other. Of the 236 responses, HIV testing and counseling, treatment, care, prevention programming, and management were the most frequently reported roles held by delegates.

**Data Collection and Analysis Methods**

Daily evaluation forms were provided to all 2012 IMilHAC attendees, as was an overall conference evaluation form on the last day. The forms were placed on the desktops or seats in the plenary hall and at the registration desk for attendees to fill out. They were collected by conference staff or the participants placed them in boxes in the plenary hall. There were five indicators for each of the daily individual sessions:

1. I gained insight that could benefit HIV/AIDS programming in my country.
2. I have considered refocusing our program efforts based on this session.
3. This is a great forum for us to have our questions answered.
4. I intend to use the information gained from this session in my work.
5. The information provided was well prepared and clearly presented.

Participants were asked to rate each of these indicators as they pertained to each conference session on a scale of 1 to 5 (1 = strongly disagreed, 2 = disagreed, 3 = neutral, 4 = agreed, or 5 = strongly agreed.)

Frequencies and average scores for each indicator were calculated by session. Table 1 shows the average daily overall IMilHAC evaluation scores.

**Results and Participant Recommendations**

Of the 417 conference attendees, 57% (n = 236) completed evaluations on the first day, 33% (n = 138) on the second day, 25% (n = 103) the third day, and 24% (n = 98) completed evaluations assessing the overall conference on the last day.

For each individual indicator and the average of the indicators for daily sessions, the five highest-rated sessions are indicated in Table 1 by shading. While many sessions scored high on individual parameters such as gaining insight or being high-quality presentations, if they did not have a high average score across the five indicators the average score might not have as high of a rating. Results indicate that all sessions were of great value to participants as no indicators fell below a rating of 3.50 (70%) and several scored 4.30 (86%) or higher.

Table 1. 2012 IMilHAC Average Evaluation Scores for Each Daily Session

| | Average Score for Each Statement | | | | | |
|---|---|---|---|---|---|---|
| | Gained Insight | Refocus Program | Good Forum | Useful Info | Quality Info | Average |
| **Day 1 sessions** | | | | | | |
| Opening session (n = 228) | 4.09 | 3.72 | 3.98 | 4.14 | 4.10 | 4.00 |
| Health in Mozambique (n = 225) | 3.76 | 3.50 | 3.96 | 3.79 | 3.96 | 3.79 |
| Re-Energizing HIV Campaigns (n = 202) | 4.12 | 3.91 | 4.23 | 4.07 | 4.14 | 4.09 |
| **Day 2 sessions** | | | | | | |
| HIV Prevention: The Way Forward (n = 132) | 4.33 | 4.12 | 4.39 | 4.35 | 4.34 | 4.31 |
| Reducing HIV Risk (n = 45) | 4.31 | 4.05 | 4.13 | 4.34 | 4.32 | 4.23 |
| Optimizing HIV Management (n = 21) | 3.95 | 3.95 | 4.05 | 4.19 | 4.29 | 4.09 |
| Treatment Challenges (n = 44) | 4.32 | 4.02 | 4.20 | 4.23 | 4.30 | 4.21 |
| HIV and Gender (n = 25) | 4.21 | 4.22 | 4.24 | 4.28 | 4.24 | 4.24 |
| New Developments in the Management of Tuberculosis (n = 106) | 4.27 | 4.11 | 4.32 | 4.30 | 4.37 | 4.27 |
| **Day 3 sessions** | | | | | | |
| Novel Strategies in Diagnostics and Testing and Counseling (n = 95) | 4.32 | 4.03 | 4.40 | 4.25 | 4.34 | 4.27 |
| Diagnosis and Management of Opportunistic Infections (n = 22) | 4.41 | 3.76 | 4.27 | 4.23 | 4.50 | 4.23 |
| HIV Testing and Counseling (n = 30) | 4.47 | 4.14 | 4.40 | 4.38 | 4.43 | 4.36 |
| Other Prevention (n = 44) | 4.36 | 4.23 | 4.42 | 4.41 | 4.39 | 4.36 |
| Clinical Care and Women's Health (n = 7) | 4.29 | 4.14 | 4.71 | 4.29 | 4.43 | 4.37 |
| Voluntary Medical Male Circumcision for HIV Prevention (n = 87) | 4.06 | 3.84 | 4.19 | 3.98 | 4.13 | 4.04 |
| **Day 4 sessions** | | | | | | |
| Workshops overall (n = 69) | 4.29 | 4.16 | 4.28 | 4.32 | 4.30 | 4.27 |

Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

The overall conference evaluation for the 2012 IMilHAC included indicators designed to measure whether the objectives for the conference were met. Participants overwhelmingly agreed that the conference was well prepared and topics were enriching and well presented. The highest scoring indicator in the overall evaluation was that participants will use the information gained (Table 2). There were several comments about the cutting-edge technology and topics presented. Many said they learned information that would be extremely applicable to their individual military programs.

Table 2. 2012 IMilHAC Overall Conference Indicators

| Indicator | Average Score |
|---|---|
| Will use the information gained | 4.43 |
| Topics well prepared and clearly presented | 4.33 |
| Topics kept my interest | 4.26 |
| Increased understanding in reducing HIV risk behavior | 4.20 |
| Military-to-military networking encouraged | 4.20 |
| Gained new information | 4.19 |
| Able to exchange best practices | 4.18 |
| Gained tools to improve HTC programs | 4.15 |
| Considering refocusing prevention strategies | 4.13 |
| Increased understanding of diagnostic and testing strategies for HIV | 4.09 |
| Considering refocusing military HIV programs | 3.99 |
| Able to address treatment challenges | 3.96 |
| Increased understanding of diagnostic and testing strategies for TB | 3.91 |
| Increased interest in addressing gender issues | 3.89 |
| Able to exchange best practices in HIV care and treatment | 3.82 |
| Gained tools to improve HIV care and treatment management | 3.82 |
| Increased understanding of diagnosis and treatment of OIs | 3.77 |
| Increased interest in VMMC programs | 3.72 |
| Gained insight into women's health | 3.70 |

Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

Participants were asked which symposium format they most preferred (single- or multi-track conference). Of the 77 respondents, the majority (58%, n=45) elected the format of two

simultaneous tracks, while the rest (42%, n=32) reported preferring one track only. Delegates also requested more sessions on Care and Treatment (TB, cervical cancer screening, antiretrovirals, other sexually transmitted infections), Prevention (risk behaviors and strategies, PwP, most at-risk populations, MC kits and scale-up), and Programming/Management (leadership, program management and policy, monitoring and evaluation, and electronic data tools). Participants were asked which were the most interesting sessions they attended and they reported: Voluntary Medical Male Circumcision for HIV Prevention, New Developments in the Management of Tuberculosis, HIV Testing and Counseling, Treatment Challenges, and HIV and Gender.

Evaluation comments from the meeting included requests for more discussion time and for the creation of forums for people to engage in regional policy discussions. The overwhelming feedback was that the meeting was extremely well organized, presented cutting-edge techniques, and provided useful information applicable to military HIV/AIDS programs.

# REPORT DOCUMENTATION PAGE



**1. REPORT DATE (DD MM YY)**
02 08 12

**2. REPORT TYPE**
Final REPORT

**3. DATES COVERED (from – to)**
7-10 May 2012

**4. TITLE**
2012 International Military HIV/AIDS Conference (IMilHAC): *Re-Energizing HIV Campaigns* Final Report

**5a. Contract Number**:
**5b. Grant Number**:
**5c. Program Element Number**:
**5d. Project Number:**
**5e. Task Number:**
**5f. Work Unit Number:** 60150

**6. AUTHORS**
Shook, Brittney & Anne G.; Thomas

**7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**
Commanding Officer
Naval Health Research Center
140 Sylvester Rd
San Diego, CA 92106-3521

**8. PERFORMING ORGANIZATION REPORT NUMBER**
12-48

**8. SPONSORING/MONITORING AGENCY NAMES(S) AND ADDRESS(ES)**
Commanding Officer
Naval Medical Research Center
503 Robert Grant Ave
Silver Spring, MD 20910-7500

Chief, Bureau of Medicine and Surgery
7700 Arlington Blvd
Falls Church, VA 22042

**10. SPONSOR/MONITOR'S ACRONYM(S)**
NMRC/NMSC

**11. SPONSOR/MONITOR'S REPORT NUMBER(s)**

**12. DISTRIBUTION/AVAILABILITY STATEMENT**
Approved for public release; distribution is unlimited.

**13. SUPPLEMENTARY NOTES**

**14. ABSTRACT**

On May 7–10, 2012, the US Department of Defense hosted the International Military HIV/AIDS Conference (IMilHAC): *Re-Energizing HIV Campaigns,* in Maputo, Mozambique. The conference was attended by 417 participants. The objectives were to (1) highlight the role of leadership in successful military HIV/AIDS programs; (2) emphasize the best military health system practices in HIV prevention, care, treatment, and strategic information; (3) facilitate military to military technical assistance, networking, and partnerships; and (4) consolidate advances in military medical HIV programs to support an agile, effective, and sustainable response to the epidemic. In order to accomplish these objectives, the 4-day conference offered plenary and concurrent sessions in two tracks: prevention and care/treatment, as well as hosted several networking events. Feedback from the daily evaluations expressed that the meeting was extremely well organized, presented cutting-edge techniques, and provided useful information applicable to military HIV/AIDS programs.

**15. SUBJECT TERMS**
International Military HIV/AIDS Conference, military HIV/AIDS Programs, HIV prevention, HIV care/treatment

| 16. SECURITY CLASSIFICATION OF: | | | 17. LIMITATION OF ABSTRACT | 18. NUMBER OF PAGES | 18a. NAME OF RESPONSIBLE PERSON |
|---|---|---|---|---|---|
| a. REPORT | b. ABSTRACT | c. THIS PAGE | | | Commanding Officer |
| UNCL | UNCL | UNCL | UNCL | 15 | 18b. TELEPHONE NUMBER (INCLUDING AREA CODE) COMM/DSN: (619) 553-8429 |